

Dear Parent/Guardian:

Children need milk to learn. _____ School(s) offers healthy milk every school day. Students may buy milk for \$ _____. Your children may qualify for free milk.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free milk. Use one Free Milk Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

(Name, address, and phone number)
2. **Who can get free milk?** Children in households getting Food Stamps, FIP, or FDPIR and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway, and migrant children get free milk?** Please call _____, homeless liaison or migrant coordinator, to see if your child(ren) qualify for free milk.
4. **Should I fill out an application if I got a letter this school year saying my children are approved for free milk?** Please read the letter you got carefully and follow the instructions. Call the school at _____ if you have questions.
(Phone number)
5. **I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.
6. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free milk.
7. **What if I disagree with the school's decision about my application?**
You should talk to school officials. You also may ask for a hearing by calling or writing to: _____
(Name, address, and phone number)
8. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.
9. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children who live with you.
10. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
11. **We are in the military: do we include our housing allowance as income?** If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
12. **What if my child does not have health insurance?**
Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To Apply On-line, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

Application Instructions:

Your children may qualify for free milk if your household income falls within the limits on this chart.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A social security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$13,520	\$1,127	\$564	\$520	\$260
2	\$18,200	\$1,517	\$759	\$700	\$350
3	\$22,880	\$1,907	\$954	\$880	\$440
4	\$27,560	\$2,297	\$1,149	\$1,060	\$530
5	\$32,240	\$2,687	\$1,344	\$1,240	\$620
6	\$36,920	\$3,077	\$1,539	\$1,420	\$710
7	\$41,600	\$3,467	\$1,734	\$1,600	\$800
8	\$46,280	\$3,857	\$1,929	\$1,780	\$890
*For each additional household member add:	*\$4,680	*\$390	*\$195	*\$180	*\$90

If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If your entire household receives Food Stamps, FIP, or FDPIR, follow these instructions:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A social security number is not necessary.

Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- Next to each person's first and last name list each type of income received last month. Next to the amount circle how often the person got it (weekly, every other week, twice a month, or monthly).
 - Earning from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income, circle "NO" in the last column "Circle if NO income."

Part 5: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."

Part 6: Skip this part.

Part 7: Answer this question if you choose to.

Free Milk Family Application

Use a separate application for each foster child.

Part 1 - Foster Child	<input type="checkbox"/> YES	Child's spending money per month \$_____ If none available, list \$0.
<i>Only the foster child's spending money is counted as income on a foster child application.</i>		

Part 2 - Homeless	<input type="checkbox"/>	Migrant	<input type="checkbox"/>	Runaway	<input type="checkbox"/>
If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the: District/School Homeless Liaison or Migrant Coordinator at_____.					

Part 3 - The names of all children in the household in school or the name of ONE Foster Child in school					
New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.	
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO	<input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.													
Name - List everyone in the household including students listed in Part 3	Earnings from work (Before taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security		All other income			Circle if NO income	
		Weekly	Twice a Month		Weekly	Twice a Month		Weekly	Twice a Month		Weekly	Twice a Month	
<i>Example Jane Doe</i>	\$100	Every 2 weeks	Monthly	\$500	Every 2 weeks	Monthly		Every 2 weeks	Monthly	\$	Every 2 weeks	Monthly	NO
1	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
2	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
3	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
4	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
5	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
6	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO
7	\$	Weekly	Twice a Month	\$	Weekly	Twice a Month		Weekly	Twice a Month	\$	Weekly	Twice a Month	NO

Part 5 - Signature and Social Security Number (Adult household member must sign.)			
If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)			
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.</i>			
Sign Here: X_____		Print Name:_____	
Date: _____			
Adult Social Security Number: _____		<input type="checkbox"/> I do not have a Social Security Number	
Address _____		City _____	
Home Phone _____		Work Phone _____	
		Zip Code _____	
		County _____	
		Email(optional) _____	

By providing your email address you may be notified via email of your eligibility for free milk.

Part 6 - Foster Children In most cases foster children are eligible for free meals regardless of your household income

Foster Home License Number: _____(optional)

____A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

____B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (Optional)Check one or more racial identities:

____American Indian or Alaskan Native

____Asian

____Black or African American

____White

____Native Hawaiian or Other Pacific Islander

____Other

Check one ethnic identity:

____Hispanic or Latino

____Neither Hispanic nor Latino

Privacy Act Information: Social Security Number

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free milk. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free milk, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Approval/Disapproval - This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size:____ Total Gross Income: \$_____

Week____, Every 2 Weeks____, Twice a Month____, Month____, Annual____

Foster Child:____ Categorical Eligibility:____ Eligibility: Free____ Denied____

Temporary Free____ Time Period:_____ (expires after____days)

Reason for Denial: ____Income too High ____Incomplete Application ____Other (specify) _____

Determining Official's Signature:_____ Date:_____ Date Withdrawn:_____